

## **EPA REGION 10 FECAL COLIFORM GUIDANCE FOR ALTERNATE TEST PROCEDURE (ATP) APPLICATION**

**States Covered:** Washington, Oregon, Idaho and Alaska

### **Region 10 ATP Contact:**

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### **INTRODUCTION**

The EPA Office of Groundwater and Drinking Water (OGWDW) ATP Coordinator for the Clean Water Act, Robin Oshiro, determined that the performance of the Colilert-18 method is substantially similar to methods listed at 40 CFR Part 136 for measurement of fecal coliforms. However, until the method has been formally promulgated nationally as part of the 40 CFR Part 136 under the Clean Water Act, the laboratory(s) intending to use IDEXX Colilert -18 Coliform/E. Coli Enzyme Substrate Test as an ATP for the detection and enumeration of total coliforms in wastewater samples must request an approval from Region 10.

The approval is granted on a case by case basis and will only apply to the samples collected at the facilities identified on the ATP application Form. Furthermore, the approval will apply to use by analyst(s) who have demonstrated and met the criteria for the Initial demonstration of Capability by successfully analyzing 10-20 spiked, split samples, done side-by-side with the current method and Colilert-18 and successful completion of a performance test sample designed for waste water testing.

**USEPA REGION 10  
CWA ATP Application Completeness Checklist  
IDEXX Colilert® -18**

<b>Were the following items submitted or indicated:</b>		
<b>YES</b>	<b>NO</b>	<b>Please check:</b>
		<b>Cover Letter including intent of ATP &amp; Desired Use (list Permit Numbers)</b>
		<b>Completed application Form</b>
		<b>Justification for ATP</b>
		<b>Side-by-side method comparison</b>
		<b>Copy of referenced method or SOP enclosed</b>
		<b>Validation Study Plan and/or validation study report</b>
		<b>Analytical data (recovery and sensitivity)</b>

**EPA Region 10 Request Form to Use IDEXX Colilert 18 for Determining  
Fecal Coliforms in Waste Water Samples  
USEPA Region 10 ATP Approval  
Request Form**

**Cover Letter:**

Date:

Return Address:

To: Ginna Grepo-Grove, R10 QA Manager  
USEPA Office of Environmental Assessment  
1200 6<sup>th</sup> Avenue Suite 900 OEA-095  
Seattle WA 98101

The undersigned requests approval from USEPA Region 10 to use IDEXX Colilert®-18, “*Coliform/E. Coli Enzyme Substrate Test*” for the detection and enumeration of fecal coliforms in waste water (or drinking water) samples as an Alternate Test Procedure (ATP) until it has been formally promulgated nationally as a part of 40 CFR Part 136 under the Clean Water Act. It is understood that the approval is granted on a case by case basis by EPA Region 10 and that approval will apply only to samples collected from the facilities identified with this request form. It is further understood that the approval will apply only to analysts’ use that demonstrated and met the criteria for initial demonstration of capability (IDOC) through the analysis of a minimum of 10 wastewater samples analyzed side-by-side using Colilert®-18 and 40 CFR 136 approved methods and successful completion of a performance test sample designed for waste water testing.

The ATP shall be used for the following reason(s)(please provide rationale):\_\_\_\_\_.

Signatures:

\_\_\_\_\_  
Facility Manager’s Name and Title

\_\_\_\_\_  
Date

And/Or

\_\_\_\_\_  
Laboratory Contact Name and Title

\_\_\_\_\_  
Date

**USEPA REGION 10  
CWA ATP Application Form  
IDEXX Colilert®-18**

**Please provide information:**

**Requester Information:**

<b>Date</b>	
<b>Laboratory Name</b>	
<b>Contact Point</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>E-mail Address</b>	

**Facility Information**

<b>Facility Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Discharge Permit Nos.</b>	

<b>EPA Program and Applicable Regulation:</b>	<b>CWA/40 CFR Part 136.4</b>
<b>Medium</b>	<b>Water</b>
<b>ATP Method Title</b>	<b>IDEXX Colilert-18 "Coliform/E.Coli Enzyme Substrate Test"</b>
<b>Date of Method/Revision</b>	
<b>Analyte/Class of Analytes</b>	<b>Fecal Coliform</b>

**Documents Needed to Support ATP Review and Approval in USEPA Region 10:**

1. Cover letter requesting the change and
2. Application form, filled out completely and including rationale for changing method
3. Copy of the laboratory Standard Operating Procedure for the alternate method
4. Study plan, resulting data & summary of data showing method comparison: minimum of 10 spiked, split samples, done side-by-side with the current method and Colilert-18
5. Data showing IDOC using a known sample (DMRQA, for example or WP from another approved vendor)